

SPECIAL LECTURES

Summary of Special Lecture "Grief and Maturation"

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We physicians are lucky enough to be engaged in a profession which is a calling from God, in which our motivation to help our less fortunate human beings cannot be doubted. However, when treatment results are bad, and faced with the deep sense of loss and desperation felt by patient and family, or by severe criticism from them for failing to restore the patient to health, we are in danger of receiving grave psychic trauma. The psychological defence mechanism built up during the course of our careers is not always enough to protect us.

Even though we may be free from physic trauma resulting from a sense of our own incompetence, the death or disability of a patient, especially of one whom we had every confidence that we could save, is a cause of acute grief to us. The grief and mourning experienced by patient and family are so intense that often they lose the will to live. Observing their grief causes us pain, and thus we tend to avoid intimate contact with them and seek the company and support of our colleagues. Or we might estrange ourselves from our surroundings by repeatedly reviewing DSA and MRI and rationalizing the poor results. Or we might even try to overcome our sense of loss by improving the techniques or the materials we used for the operation. However, all of these activities, which must be regarded as intellectualization to help us overcome our sense of loss, have major limitations.

To face a patient and his/her family during the mourning process helps them to grieve thoroughly and properly. This is especially important today, because often they receive no consolation from the endovascular therapist when that person is different from the physician in charge. Sometimes it is an important part of the physician's job to accept the anger of patient and family and share their sorrow in person. At the same time, it is necessary to recognize our repressed grief and allow it release.

Consideration was given to the psychology of physicians engaged in neuro-endovascular therapy

that resulted in severe complications. A study was performed based on my interviews with patients and their families involved, and on 300 replies to the questionnaire survey carried out by Dr. Goto, the president of the society. Through these investigations, it became apparent that the main issue was "What is maturation as a physician?". It could be said that the acquisition of improved operation skills and the achievement of new material for treatment belong to only one area of one's growth as a physician. It is clear that through the grief of patients suffering from severe complications, and their families, and through the sorrow of the physicians responsible, physicians can mature emotionally. This is because a full participation in the grief of patient and family enriches a physician's life just as participating in the celebrations when a patient is cured does.

Summary of Keynote Lecture

"The Importance of Informed Consent in Neuro-endovascular Treatment - Especially Relating to Preventive Treatment"

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Preface

As was pointed out by four speakers at the symposium on complications held today, one of the main features of neuro-endovascular treatment is that it is performed as a preventive measure to avoid catastrophic damage to the central nervous system. The treatment is far from being risk-free, however, and severe complications are bound to occur in a certain percentage of cases both during and after the treatment. These are the main reasons why obtaining informed consent is mandatory before performing neuro-endovascular treatment. As was clearly shown by the questionnaire survey conducted by Dr. Goto, the President of this society, and the special lecture by Professor Noda, psychopathologist, severe complications resulting from neuro-endovascular treatment often cause therapists to experience a deep sense of grief. Needless to say, of course, the grief and

despair of patients and their families, who have to shoulder the burden of grievously-impaired loved ones throughout their lives, is beyond description.

What can we do to prevent the creation of such victims of our treatment?

Clearly, the therapist should

1) consider thoroughly the indication of treatment, 2) do the best he can to avoid making technical mistakes, and 3) obtain sufficient informed consent.

Complete informed consent does not exempt the therapist from technical errors or incorrect indication of treatment, of course, but without informed consent patients cannot accept the fact of complications, even though the therapist's performance was exemplary.

Informed Consent - A Basic Right of Human Beings

The right to decide one's own fate is an issue of fundamental human rights, assured by the Declaration of Human Rights and the International Human Rights Agreement. It is prescribed by Article 13 of the Constitution of Japan. Everybody should recognize that this is the root of informed consent. As a matter of course the right to decide one's own fate should be respected, including when one is a patient in a medical environment. In other words, the right to decide whether or not to receive treatment, and what treatment to receive, belongs to the patient.

The Significance of Informed Consent

The significance of informed consent is that "A principle or its procedures in which patients select, agree and reject subjectively the diagnosis and treatment proposed after receiving appropriate explanation (being provided sufficient explanation) of diagnosis and treatment of their diseases, and understand the explanation thoroughly". The Japanese Medical Association translated informed consent as "Explanation and Agreement". This brief translation does not convey its essential meaning; informed consent stem from the patient's right to decide his/her own fate.

Informed Consent in Preventive Treatment

Although several conditions exist where the physician is exempt from the obligation to provide explanation, this exemption does not apply to most cases in which preventive treatment is considered. In other words, it is true to say that most cases of neuro-endovascular therapy require the most strict informed consent. In effect, there is no room for a physician to settle for incomplete informed consent in the case of complications. I would like to discuss how informed consent in preventive treatment

should be based upon recent judicial precedents from three cases in public print concerning patients with severe complications resulting from AVM treatment.

Contents of Explanation

Based upon the above-mentioned judicial precedents, I would like to summarize the key points of explanation. The following are the minimal requirements:

- 1) Present status and its cause.
- 2) The specific treatment of choice and the reason for recommendation.
- 3) Content of the treatment.
- 4) Risks involved with the treatment.
- 5) Possibility and degree of recovery following the treatment of choice.
- 6) Prognosis of the disease if the treatment of choice is not performed.
- 7) Alternative treatments (explanation of the procedures, risks and results expected).

Methods of Explanation

1) Try to help patient and family understand the matters involved by the use of visual material: literature, pictures, charts, etc., along with data from the literature and of your own. 2) Make a record beforehand which summarizes your explanation. 3) Ask for the presence of family members during the explanation. The attendance of nursing staff is also desirable. 4) Document the process of the explanation on the patient's chart: date, time, contents and attendees. 5) Give patients and their families time to consider. Do not try to obtain agreement for treatment immediately after the explanation. 6) Be sure to put the agreement of patient and family in writing. 7) Sufficient explanation is also necessary after the treatment.

Conclusions

Taking steps to obtain informed consent might seem cumbersome to physicians who are busy in their daily routine. Patients with neurovascular diseases who are candidates for preventive neuroendovascular treatment often have no obvious signs and symptoms. These patients cannot easily accept bad results if severe complications ensue immediately following the treatment. It is necessary for patient and family to take time beforehand to consider the explanation thoroughly and select the best treatment proposed. If this process of consultation and deliberation is insufficient, patient and family may well bear a grudge against the physician(s) who perform the treatment, and may not willingly engage in rehabilitation.